

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>HW</i>	<i>32</i>	<i>2/12</i>
FORMALITY REVIEW	<i>NH</i>	<i>989</i>	<i>3/10</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	0	0	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7	0	0	
8	0	0	
9	0	0	
10	0	0	
11	0	0	
12	0	0	
13	0	0	
14	0	0	
15	0	0	
16	0	0	
17	0	0	
18	✓	✓	
19	0	0	
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28			
29	✓	✓	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	0	0	
36	0	0	
37	0	0	
38	✓	✓	
39	0	0	
40			
41			
42			
43	0	0	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	0	0	
49	0	0	
50	0	0	

Claim	Final	Original	Date
51	✓	✓	
52	0	0	
53	0	0	
54	0	0	
55	0	0	
56	0	0	
57	✓	✓	
58	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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H.S.  
3-12-01